

*Mentor Application*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: Month \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employment: \_\_\_\_\_ How Long? \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Education**

Highest year achieved? \_\_\_\_\_ Currently a Student? \_\_\_\_\_

If you are a student, name of school: \_\_\_\_\_

If living on campus or in temporary housing, current address and phone number if different from above: \_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Experiences (Organizations and types of duties):  
\_\_\_\_\_  
\_\_\_\_\_

Special Interests, hobbies, skills, etc:  
\_\_\_\_\_  
\_\_\_\_\_

What amount of hours per a week are you available to volunteer? \_\_\_\_\_

Days available: Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_  
Friday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_

Times Available: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Agape for Youth, Inc.  
2621 Dryden Road, Suite 202, Dayton, OH 45439  
(937) 439 – 4406  
(937) 439 – 2908 - Fax

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**References** (Please do not list relatives)

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a current driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Insurance: \_\_\_\_\_

Has your license ever been suspended? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, in what state? \_\_\_\_\_

Please explain: \_\_\_\_\_

If you are a student, do you have access to a personal vehicle? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been convicted of a crime/for felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please give dates and nature of charge(s) and conviction: \_\_\_\_\_

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***I agree that all the information I have submitted is accurate and correct. I, hereby, give Agape for Youth, Inc. permission to investigate my references, trusting that all personal information will be kept confidential.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- *Copies of Driver's License and automobile insurance information attached.*

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